

# UTAH CLEAN FUELS GRANT AND LOAN APPLICATION

(Rev. 2/22/2002)

Date: \_\_\_\_\_

**A. Applicant information** Sole Proprietor\_\_\_\_ Non-Profit\_\_\_\_ For-Profit\_\_\_\_ Partnership\_\_\_\_ Govt.\_\_\_\_ Public Transit\_\_\_\_

Agency or business name \_\_\_\_\_ Federal Identification Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Fleet owner \_\_\_\_\_ Title \_\_\_\_\_

Contact person \_\_\_\_\_ Title \_\_\_\_\_ Daytime phone number \_\_\_\_\_

**B. Funding request – check only tax credit or grant (and loan if needed).**

**TAX CREDIT**\_\_\_\_ Contact Utah Tax Commission: (801) 297-7705 or (800) 662-4335 Ext. 7705

**GRANT**\_\_\_\_ Limit ten vehicles per fleet per year eligible for grant.

Amount of grant and tax credit the same: 50% of incremental cost (new vehicle) up to \$3,000; 50% of conversion cost up to \$2,500.

\$ \_\_\_\_\_ x .5 = \$ \_\_\_\_\_ x \_\_\_\_\_ (# of vehicles) = \$ \_\_\_\_\_  
Incremental cost of new vehicle If \$3,000 or greater (new vehicle) enter \$3,000 Maximum grant eligibility  
OR Cost of conversion If \$2,500 or greater (conversion) enter \$2,500

\$ \_\_\_\_\_ x .5 = \$ \_\_\_\_\_ x \_\_\_\_\_ (# of vehicles) = \$ \_\_\_\_\_  
Incremental cost of new vehicle If \$3,000 or greater (new vehicle) enter \$3,000 Maximum grant eligibility  
OR Cost of conversion If \$2,500 or greater (conversion) enter \$2,500

**TOTAL GRANT REQUEST \$** \_\_\_\_\_

**LOAN**\_\_\_\_ Loans are available to pay the incremental cost of new OEM clean fuel vehicles; the cost of converting existing vehicles to run on clean fuel; and for the actual cost of refueling equipment. **Interest rate:** \_\_\_\_\_.

\$ \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ (# of vehicles) = \$ \_\_\_\_\_  
Incremental cost of new vehicle Amount of grant  
OR Cost of conversion or tax credit

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Incremental cost of new vehicle Amount of grant  
OR Cost of conversion or tax credit

**TOTAL LOAN REQUEST \$** \_\_\_\_\_

**C. Purchase of Original Equipment Manufactured (OEM) clean fuel vehicles**

List the OEM vehicles you will purchase with these funds. Provide the manufacturer's estimated mileage (MPG). Include the OEM incremental cost. This is the difference in cost between the OEM clean fuel vehicle and the same model vehicle with a standard fuel (gasoline or diesel) system. Report the actual price you expect to pay (if available) rather than typical sticker prices. When available submit Vehicle Identification Number list.

Year	Make	Model	Fuel Type	Manufr's Estimated MPG	Manufr's Incremental Cost	Total Cost of Vehicle	Estimated Vehicle Miles Per Year	Vehicle ID #

**D. Motor vehicles to be converted to clean fuels**

List each motor vehicle you propose to convert under this program. Include the amount of gasoline or diesel consumed and vehicle miles traveled (VMT) in the last 12 months (or estimated VMT). Include a copy of the results of the most recent state I/M emissions test on each motor vehicle listed.

Year	Make	Model	Vehicle ID#	Total Annual VMT	Fuel Type & MPG Before Conversion	Fuel Type & MPG After Conversion	Gross Vehicle Weight

**E. Description of clean fuel conversion kit**

Check type of conversion kit to be installed in the vehicle(s) listed in Section D.

Electricity \_\_\_\_\_ Natural Gas \_\_\_\_\_ Propane \_\_\_\_\_ Other \_\_\_\_\_

Conversion kit/device name and/or brand \$ \_\_\_\_\_  
Cost of Kit

Model or identifying number \$ \_\_\_\_\_  
Installation Cost

\$ \_\_\_\_\_  
Total Conversion Cost

**Has this conversion kit been certified by EPA or another state?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify \_\_\_\_\_

**F. Conversion kit installation**

List the name of the individual or firm that will be installing the conversion kit.

\_\_\_\_\_  
Name of person(s) or firm

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Daytime phone Cost of Installation (Attach Estimate)

Does this individual or firm have previous experience \_\_\_\_\_ certification \_\_\_\_\_ or licensure \_\_\_\_\_ to install the type of clean fuel conversion kit described in section E?

**G. Refueling Sites**

Identify two locations where you expect to obtain clean fuel.

\_\_\_\_\_  
Name of station or refueling site Address City State

\_\_\_\_\_  
Name of station or refueling site Address City State

What is the estimated cost per gallon equivalent of the clean fuel being supplied? \$ \_\_\_\_\_

**H. Purchase of refueling equipment**

Supply the following information to determine refueling equipment needs. Estimate any information not currently available. Refueling equipment/sizing will be based on current and potential near-term expansion needs and availability of program funds.

Estimated Number of Vehicles using site	Gallons Per Vehicle Per Month	Total Gallons Per Month	Refueling Capacity Required	Cost of Refueling Equipment

**I. Describe current vehicles in fleet to be replaced by clean fuel vehicles**

Describe how your vehicles are used: \_\_\_\_\_

\_\_\_\_\_ Number of days used per year. .

Identify current number of vehicles by fuel type:

Automobiles \_\_\_\_\_ Vans \_\_\_\_\_ Light duty trucks \_\_\_\_\_ Off Road \_\_\_\_\_

Medium duty trucks \_\_\_\_\_ Buses \_\_\_\_\_ Heavy duty trucks \_\_\_\_\_ Other \_\_\_\_\_

Do you operate your own maintenance and service facilities? If yes, are the employees trained to service and maintain clean fuel vehicles? If no, describe your maintenance and service arrangements. \_\_\_\_\_

\_\_\_\_\_

**J. Applicant's signature**

The applicant or responsible designee identified in this application and whose signature appears below attests that the information provided in this application is correct.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

**H. Additional forms/filings required to complete loan application (not necessary for grant applicants)**

Applicant must supply Credit History to Alternative Fuels and Transportation Program Manager.

Applicant must file a UCC Financing Statement (Form UCC1) with the Utah Department of Commerce and supply Alternative Fuels and Transportation Program Manager with proof of that filing.

Submit completed application to:

Alternative Fuels and Transportation Program Manager  
Utah Energy Office  
1594 West North Temple, Suite 3610  
Box 146480  
Salt Lake City, UT 84114-6480  
OFFICE: (801) 538-4761 - FAX: (801) 538-4795

**NOTES:** Contact Utah Division of Motor Vehicles (801-297-7780) for:

1. Annual Clean Special Fuel Certificate (certifies payment of special clean fuel tax.)
2. Clean Fuel Special Group License Plate (decal) that allows access to the high occupancy vehicle (HOV) lane.